

SPA3 QIC Meeting
Wednesday, September 21, 2011

ANNOUNCEMENT:

TBS services – At Providers Meeting, October 6th 11:30 – 3:00. Kim Pierce will come and talk about TBS. Send any one who provides this service to Spirit Agency. Send questions regarding TBS to Dr. Rocio Gonzales.

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gtchakmakjian@dmh.lacounty.gov

- I. Welcome and Introductions
- II. Review of Minutes for August.

QUALITY IMPROVEMENT

Melody Taylor Stark

Cultural Competency

- ✓ Looking for someone to help in translating the clinical forms to ensure common language will be understood. May involve some testing.
- ✓ Next Culture Competency October 12th, 1:30 – 3:30pm at 695 Vermont. Contact Dr. Chang for more information.

QA Improvement Tools

The QA Improvement Tool Kit is located on the DMH website. To access, perform the following steps:

1. LACDMH Website
2. For Providers
3. Quality Improvement & Training
4. Select the following URL under the External Support Bureau:
<http://psbqi.dmh.lacounty.gov/QI.htm>
5. Select: Quality Improvement (QI)
6. Under 'Quality Management' select: Quality Improvement Tools

Quality Management

[Quality Improvement Tools](#)
[Test Calls Report June 2011](#)
[Incubation Training Academy Basic Course](#)
[QI Handbook - June 2010](#)
[QI Status Report](#)
[Sixteen State Study on Mental Health](#)
[Performance Measures 2003](#)

The purpose of the Tool Kit is to assist agencies in defining steps to the Quality Improvement Plan (QIP).

Request for Change of Providers

- ✓ Checklist for Tracking Request for Change of Providers
- ✓ Contact Dr. Greg Tchakmakjian (Chair) if you didn't receive a copy of the report, or if you are not sure where to send the Monthly Log.
- ✓ For corrections, Contact Patient's Rights Office
 - Rocio Gonzales recommended you fax and call to confirm form was received

QUALITY ASSURANCE

Melissa Pace

Audits/Reviews

Auditor Controller (Fiscal and Program Review)

1. San Gabriel Children's Center: September, 12, 2011
2. D'Veal Corporation: September, 19, 2011
3. ChildNet Youth & Family Services: October, 11, 2011
 - EPSDT – Waiting for audits to resume soon
 - QSR – El Monte, October 3 – 7, 2011

Documentation Training

Strengthening Families and Resiliency – Jennifer Hallman

The training was conducted on September 28th. The training will be offered once a month. For agencies interested, please sign up staff quickly as the training fill up. The purpose of the training is to provide assistance in understanding the Medi-Cal requirements for DMH forms (Initial Assessment, Client Care Coordination Plan, Clinical Loop, Progress Notes, etc.). Agencies are encouraged to strengthen client and family resiliency and not to foster dependence. DMH is looking into providing materials from this training online.

Currently, the following training presentations are on the website:

1. Assessments and Medical Necessity Training
2. Client Care Coordination Training Module

Go to: DMH website>>>For Providers>>>

On the right side and under Documentation Trainings, both are listed.

Policy 104.05 Closing of Service Episodes

This policy makes a distinction between an administrative discharge and a clinical discharge.

Administrative: closing a case due to inactivity when the primary service provider or primary contact is no longer at the program. Does Not summarize the client's treatment.

Clinical: closing a case by providing a summary of treatment.

The preference is to conduct a clinical discharge due to best practices and providing a summary of the treatment. All claims must be submitted before closing out the episode. Cases with an 'Active Status' with no activity for 60 days **must be documented**. A progress note of the review and disposition should be placed in the client's record. Services not provided within 150 days must be discharged with progress note indicating the reason.

Both the Clinical and Administrative Discharge is not required if a client has never received treatment, or the episode is open less than 3 months. The disposition, needed referrals and the reason for case closure must be documented on a progress note.

It is recommended that agencies review the IS180 report each month to identify cases open without services (billable or non-billable) for more than 60 days. If the agency decides to keep the episode open, the Primary Contact must explain the reason, sign and date the note and placed in the record.

Miscellaneous Discussion

- ✓ Dr. Rocio Gonzalez indicate when closing a case, if the diagnosis is not the same at closing as the admit diagnosis, there must be documentation for the change:
 - Diagnosis Information form
 - Progress Note in record
- ✓ Any Not Otherwise Specified (NOS) or Adjustment DO, NOS should be reviewed every six months as both of these Disorders are temporary.
- ✓ Short Assessments should be completed every year if you have a case open longer than a year.
- ✓ Procedure Code 90885 – be very careful of content language because the state is still having problems approving. The three criteria should be met for this code. (Review procedure codes).
- ✓ Be careful for billing the 90801 procedure code if completing a full assessment after the initial assessment has been completed. It may be a red flag if your rationale for billing this code is less than 1 year is not strong enough. It is recommended that the Assessment Addendum be completed in place of another assessment and if does not raise red flags.
- ✓ MH660 COD Session Guide form can be used when a client is currently using substances during the session. This is not a mandated form that must be used.

